



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program
UST – Cover Sheet/Certification Form

MassDEP Facility Account # _____

DFS Facility ID # (if known) _____

Note: If this is a new facility registration, MassDEP will provide you with a Facility Account Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Check off desired registration. Complete and attach ONLY the required Modules

☐ **New Facility Registration**

- ☐ Owner/ Facility Module attached
- ☐ Financial Responsibility Module attached (*only required for USTs not enrolled in State 21J Program*)
- ☐ Tank and Piping Module attached

☐ **New UST Registration**

- ☐ Tank and Piping Module attached

☐ **New Owner Registration**

- ☐ Owner/ Facility Module attached
- ☐ Financial Responsibility Module attached (*only required for USTs not enrolled in State 21J Program*)

☐ **Amend/Edit Existing Owner/Operator Information**

- ☐ Owner/ Facility Module attached

☐ **Amend/Edit Existing Facility Information**

- ☐ Owner/ Facility Module attached

☐ **Amend/Edit Existing Financial Responsibility Information**

- ☐ Financial Responsibility Module attached (*only required for USTs not enrolled in State 21J Program*)

☐ **Amend/Edit Existing Tank and Piping Information**

- ☐ Tank and Piping Module attached

☐ **Change of Tank Status**

- ☐ Change of Tank Status Module attached

A. Legal Owner Of UST(s)

a. Individual/Organization Name _____

b. Contact Name _____

c. Address 1 – Note: Enter mailing address of the Owner. _____

d. Address 2 _____

e. City/Town _____

f. State _____

g. Zip Plus 4 Code _____

B. Facility Information

a. Facility Name _____

b. Address 1 – Note: Enter physical street address (no P.O. boxes). _____

c. Address 2 _____

d. City/Town _____

e. State _____

f. Zip Plus 4 Code _____



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C. Certification Statement

"I attest under penalties of law:

(i) that I have personally examined and am familiar with the information contained in this submittal, including all schedules and any other attachments;

(ii) that, based on my inquiry of those individuals responsible for obtaining it, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete; and

(iii) that I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for submitting false, inaccurate, or incomplete information."

1. Print First Name of Owner _____

2. Print Last Name of Owner _____

3. Signature of Owner _____

4. Date Signed (MM/DD/YYYY) _____

5. Source of Signatory Authority (check only one box below):

If a Corporation:

- a. ☐ President
- b. ☐ Secretary
- c. ☐ Treasurer
- d. ☐ Vice President (if authorized by corporate vote)
- e. ☐ Representative of the above (if authorized by corporate vote)

If a Partnership:

- f. ☐ General Partner

If a Sole Proprietorship:

- g. ☐ Proprietor

If a Municipality or Public Agency:

- h. ☐ Principal Executive Officer
- i. ☐ Ranking Elected Official (empowered to enter into contracts on behalf of the municipality or public agency)